

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		8-25-00
O.I.P.E. CLASSIFIER		10	9-5-00
FORMALITY REVIEW	BD	67362	10/14
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/5/02
2	✓	✓	8/28/02
3	✓	✓	5/12/02
4	✓	✓	5/12/02
5	✓	✓	5/12/02
6	✓	✓	5/12/02
7	✓	✓	5/12/02
8	✓	✓	5/12/02
9	✓	✓	5/12/02
10	✓	✓	5/12/02
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Claim	Final	Original	Date
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EST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here